

# Visual Solutions & Display Client Data Form

Inline Store/Kiosk & Carts

## Proposed Project Start Date

\_\_\_\_\_  
Month      Day      Year

Try to answer as many relevant questions on this sheet and send it back. With the answers to these questions, we should be able to get a good picture of what visual merchandising services you are in need of.

## Point of Contact

Your Store Manager or Owner

### Contact Person

\_\_\_\_\_  
First Name      Last Name

### E-mail

\_\_\_\_\_

## Mall and Store Location Information

Specialty Leasing Agent Information

### Contact Person

\_\_\_\_\_  
First Name      Last Name

### E-mail

\_\_\_\_\_

### Mall Name and Location

\_\_\_\_\_

### Type of Space

## Corporate Vitals Information

How someone would contact your company

**Corporate Information:**

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**Company Name (Legal):**

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**Company Name (Branding):**

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**Company Tag Line:**

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**Company Phone Number:**

\_\_\_\_\_  
Area Code      Phone Number

**Company Fax Number:**

\_\_\_\_\_  
Area Code      Phone Number

**Address**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Province

\_\_\_\_\_  
Postal / Zip Code

\_\_\_\_\_  
Country

**Other contact information:**

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**Business hours of operation:**

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## Visual Merchandising Research

Answer as many questions as you can to help us gain a better understanding of your visual merchandising needs.

**Have you ever worked with a Visual Merchandiser before**

Yes

No

**Briefly describe your business:**

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**Do you have a corporate logo? If yes, please upload.**      Yes  
No



**Check the box that best describes your business type.**      Services Orientated  
Merchandise Sales

**Do you have any other locations?**      Yes  
No

**If yes, where are the other locations**

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**Do you have any photographs of the subject location or other existing locations? If yes, please upload.**      Yes  
No

**Adjectives: Please list up to 5 adjectives that you think describe your company in order of relevance / importance**

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**Who are your competitors:**

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**Give a description of specific services your are inquiring about:**

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## Other Contact Information

**Billing Contact:**

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**Company contact information for  
Contracts & Billing:**

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**Name:**

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First Name

Last Name

**Email:**

---

**Department:**

---

**Address**

---

Street Address

---

Street Address Line 2

---

City

---

State / Province

---

Postal / Zip Code

---

Country

**Other contact information:**

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